TIVERTON POLICE DEPARTMENT

Report of Complaint Against Police Personnel



- 1. If you wish to make a complaint about the actions of a Tiverton Police Department Employee or about any aspect of Tiverton Police operations, please:
 - Go to Police Headquarters, 20 Industrial Way, Tiverton RI 02878, and tell any employee that you wish to make a complaint; or
 - Call the department at 401-625-6716 and tell the person answering the phone that you wish to make a complaint
 - Write your complaint and mail it to the Chief of Police, Tiverton Police Department, 20 Industrial Way, Tiverton, RI 02878.
 - If your complaint involves the Chief of Police, you may contact the Town Administrator at the Town Hall, 343 Highland Rd., Tiverton RI 02878 (TEL: 401-625-6710)
- 2. Every reasonable effort shall be made to facilitate the convenient, courteous and prompt receipt and processing of citizen complaints.
- 3. An officer will assist you in filling out a complaint form. This form asks you to identify yourself and then to give specific details about your complaint.
- 4. Your complaint will then be investigated. You may be contacted and asked additional questions about your complaint.
- 5. All witnesses and involved police officers/employees will be interviewed concerning the incident.
- 6. You will be notified in writing as soon as practicable that the department acknowledges receipt of the complaint and that the complaint is under investigation.
- 7. You will receive periodic status reports on the investigation.
- 8. You will be contacted by the Chief of Police, or the Chief's designee, when the investigation is completed.

If you have questions concerning the process, you may contact the Patrol Shift Officer in Charge (OIC) at (401) 625-6717 ext. 0 or the Captain at (401) 625-6717 ext. 106 or the Chief of Police at (401) 625-6717 ext. 116. **Thank you for bringing this matter to our attention**

DATE:		TIM	1E:							
COMPLAINANT INFORMATION										
Last Name			First		M.I.					
Street Address				Apart	ment#					
City		State		ZIP						
Home Phone # Alternate Phone #										
INCIDENT INFORMATION										
Incident occurred on (Date)			Day		Time					
Location of incident										
WITNESS INFORMATION (IF KNOWN)										
Witness #1 First N	Name		Last Name							
Street Address				Apart	ment#					
City		State		ZIP						
Home Phone #		Alterna	te Phone #							
Witness #2 First N	Name		Last Name							
Street Address					Apartment#					
City		State		ZIP						
Home Phone # Alternate Phone #										
Witness #3 First N	Name		Last Name							
Street Address				Apart	ment#					
City		State		ZIP						
Home Phone #		Alterna	te Phone #							
Witness #4 First N	Name		Last Name							
Street Address				Apart	ment#					
City		State		ZIP						
Home Phone #		Alterna	te Phone #							
POLICE PERSONNEL INVOLVED (IF KNOWN)										
#1 Name			Rank/Title		ID#					
#2 Name			Rank/Title		ID#					
#3 Name			Rank/Title		ID#					
# 4 Name			Rank/Title		ID#					
Note: Guilt or innocence of any criminal charge you may be facing will not be determined by this investigation. You are still required to attend any scheduled court appearance related to any and all										

criminal charges.								
Describe what happened. If you additional witnesses or involved								
	CICNATUD	_						
I understand that this statement of complaint v	SIGNATUR vill be submitted to the Department		basis for an investig	ation. Furth	ner, I swear or			
affirm that the facts contained herein are comp has been made by me voluntarily without pers department, the officer against whom this com agree to appear before the appointing authorit complaint.	llete, accurate, and true to the best uasion, coercion, or promise of any plaint is filed may be entitled to rec	of my knowledge kind. I understand Juest a hearing. B	and belief. Further d that, under the re y signing and filing t	, I affirm tha gulations of this complai	at my statement the police int, I hereby			
Signature:				Date:				
OFFICIAL USE ONLY								
Complaint received by		Date		Time				
OIC on duty when complaint filed		<u> </u>	l					